



HEALTH BEHAVIOR IN SCHOOL-AGED CHILDREN (HBSC) STUDY KAZAKHSTAN, 2018 NATIONAL CENTER OF PUBLIC HEALTH



In 2017-2018 academic year, the National Center of Public Health with support of the the Ministry of Health and the Ministry of Education and Science of the Republic of Kazakhstan conducted the first national survey of health behavior and well-being of schoolchildren across the country.

The study is based on HBSC methodology, a WHO collaborative cross-national survey. HBSC provides information about health and well-being, social conditions and health behavior of boys and girls aged 11, 13 and 15. The survey was conducted in 14 regions and 2 cities, Almaty and Nur-Sultan, with 6546 respondents from 110 schools.

Survey objective: to study health and well-being, lifestyle and health behavior of 11, 13, 15-year-old adolescents in Kazakhstan as the basis to monitor and influence policies, programs and measures promoting health, as well as health related knowledge and skills of young people.

The study examined an effect the age and socio-economic differences have on health and well-being of adolescents, as well as such aspects as mental well-being and health, involvement of children in bullying and cyberbullying and the role of electronic means of communications in adolescence.

KEY FINDINGS

FAMILY AND PEERS

- Children and adolescents in Kazakhstan report ease of communication with their mothers (93%) and fathers (81%) but by the age of 15 the quality of communication with parents is declining.
- Most boys and girls feel great support from family (81%) and peers (64%), but with age it diminishes. The perception of family support is higher among girls.

ELECTRONIC MEANS OF COMMUNICATION

- 71% of schoolchildren are moderate users of electronic means of communication (EMC). However, as they grow up EMC use is increasing.
 - Girls are moderate users of EMC and boys are more likely to be heavy EMC users.
 - 7% of children and adolescents are problematic users of social networks.
- Prevalence of problematic social media use is higher among 11-year-old boys than among girls of the same age. 33% of schoolchildren prefer online communication rather than face-to-face encounter to share inner feelings and concerns.

SCHOOL

- 11-year-olds report that they like school a lot (55%), and feel great support from teachers (82%) and peers (70%). However, among 15-year-olds 33% like school a lot. While adolescents grow, at the age of fifteen 63% of them feel great support from teachers and 61% from peers.
- Younger adolescents are less likely to be pressured by schoolwork. In general, up to 20% experience school pressure.
The perceived pressure of schoolwork grows with increasing age among girls.

HEALTH OUTCOMES

- 58% of 11-15-year-old children and adolescents report excellent health. However, self-reported excellent health becomes less prevalent among older adolescents, dropping from 65% among 11-year-olds up to 49% among 15-year-olds.
- Unlike boys, girls are less likely to report excellent health.
- 90% of children and adolescents report high level of life satisfaction.
- 25% of adolescents have multiple health complaints.
- 15-year-old girls (32%) are more likely to report health complaints compared to boys of the same age (19%).
- 81% of 11-15-year old children have positive mental well-being. Every fifth child or adolescent report symptoms of depression that require further examination.
- Boys are more affected by injuries. Every third boy and every fifth girl have injuries that require medical attendance at least once in the past 12 months.
- Among 11-year-olds 16,3% boys and 8,2% girls are overweight or obese (WHO cut-off). With increasing age, this indicator decreases among boys. At the age of fifteen 8,6% boys and 6,1% girls are overweight or obese.

NUTRITION AND ORAL HEALTH

- 63% of schoolchildren eat breakfast every weekday. As they grow older, girls report skipping breakfast more often; the frequency of daily breakfast decreases among them from 11 to 15 years from 70% to 52%.
By age 15, the proportion of boys who eat breakfast every day is higher than girls.
- Only 38% of children and adolescents eat fruits and 43% eat vegetables every day. With years, the daily fruit consumption among adolescents is decreasing (33%).
- 17% of children and adolescents consume soft drinks every day.
Significant gender differences in the daily consumption of soft drinks were found among 11-year-old boys (18%) compared to peer girls (13%).
- 60% of respondents have coke and other sugary drinks every week, with boys reporting greater weekly consumption.
- Daily consumption of sweets and chocolate is very common among 13-year-olds (30%). 15-year-old girls report greater consumption of sugary foods.
- 93% of children and adolescents report regular or daily eating meals with their families.
- Only 49% of adolescents brush their teeth more than once a day.
Girls of all ages (54%) are more likely to report daily teeth brushing more than once a day compared to boys (45%).

PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOUR

- Recommended daily MVPA levels were found among 34% of children and adolescents. This indicator decreases with increasing age, which is especially noticeable in 15-year old girls, among them only 27% are physically active daily for at least 60 minutes. In general, boys report at least 60 minutes of daily MVPA more frequently.

- 52% of boys and significantly fewer girls (36%) are engaged in vigorous physical activity (VPA) 4-6 times a week. The prevalence of VPA decreases from age of 11 to 15 years among girls by 13%. Boys aged 15 have more VPA than girls.
- 46% of adolescents spend two hours or more in front of television screens every weekday. 11–13-year-old boys watch television more often and by age 15 gender differences are not evident.
- Spending time playing computer games for two hours or more every weekday is more popular among boys (33%). The prevalence of this behavior increases with age among boys and girls.
- Using electronic devices, such as computers, smart phones, tablets for homework, browsing Internet and social media takes two or more hours every weekday in 19% of 11-year-olds and 41% in 15-year-olds. By 15, such sedentary behavior becomes significantly prevalent among girls (44%).
- Daily moderate-to-vigorous physical activity (MVPA) at least 60 minutes for boys and girls, as well as the limitation of screen time for girls can protect from poor mental well-being of adolescents in Kazakhstan.
- With increasing age, from 11 to 15 years, girls are more likely to perceive their body as fat. Gender differences are observed among 15-year-olds.

REPRODUCTIVE HEALTH

- 14% of boys and 1% of girls aged 15 had sexual intercourse.
- 70% of boys and 25% of girls reported using condoms at last intercourse.
- The use of contraceptive pills at last intercourse was reported by 18% of boys and 25% of girls.

TOBACCO, ALCOHOL AND CANNABIS USE

- The lifetime prevalence of cigarette smoking grows three times with increasing age of adolescents, both for boys (from 3% to 10%) and girls (from 2% to 6%). Among boys, cigarette smoking rates are higher at 13 and 15 years.
- The current cigarette smoking rate (past 30 days prevalence) increases with age; and in particular among boys almost three times increase from 2% at age of eleven to 7% at age of fifteen is reported. 15-year-old boys have higher prevalence of cigarette smoking compared to girls.
- Daily tobacco smoking rate among 11- and 13-year-olds is 2%. Among 15-year-old boys and girls daily tobacco smoking prevalence is 5% and 1% respectively.
- With age, at 13 and 15 years the proportion of adolescents who have ever used electronic cigarettes in the lifetime and in the past 30 days increases significantly. 14% of 15-year-old boys and 6% of girls reported the use of electronic cigarettes for 1-2 days or more in their lifetime.
- The recent use of electronic cigarettes (current users) was reported by 7% of boys and 2% of girls aged 15.
- The level of alcohol consumption among adolescents increases with age. 8% of boys and 7% of girls aged 15 used alcohol for 1-2 days or more, and 4% of boys and 3% of girls reported recent alcohol consumption. Boys and girls report similar levels of alcohol consumption.
- Between the ages of 13 and 15, the prevalence of drunkenness significantly increases among both boys and girls reaching 6% among boys and 5% among girls by 15 years of age (experience of drunkenness in the lifetime).
- At least once in a lifetime 2% of 15-year-olds tried cannabis; 1% of 15-year-olds reported recent use. Boys are more likely to report cannabis use for 1-2 days or more in lifetime than girls.

FIGHTING, BULLYING AND CYBERBULLYING

- 13% of boys and 3% of girls were involved in physical fights three or more times. More than one third of boys and every tenth girl have fighting experience at least once. Boys in all age groups are more likely to engage in fights.
- Every fifth adolescent aged 11 and 13 and every tenth adolescent aged 15 reported to be victims of bullying at school at least once. Among boys, this indicator decreases significantly with increasing age.
- 8.3% of children and adolescents were involved in bullying others at school at least 2-3 times per month over the past 2 months. This behavior is more common among 11-year-old boys (13%), with a tendency to decrease as they become older.
- 20% of adolescents were involved in bullying others at least once, this rate is higher among 11 and 13 year old boys compared to girls.
- Cyberbullying is less common than bullying. 5% of adolescents were victims of cyberbullying or were involved in cyberbullying others 2-3 times or more per month. These figures grow with increasing age among boys.
- 12% of adolescents were cyberbullied at least once.

MIGRANT HEALTH

- Migrant children and children born in Kazakhstan report equally high life satisfaction, similar health complaints and self-reported health. However, prevalence of electronic cigarettes and alcohol use is higher among first generation migrant schoolchildren; and mental health, bullying and cyberbullying are worse compared to second-generation migrant and non-immigrant adolescents.

CONCLUSION

The results of the study demonstrate national gender and age differences in adolescent health and well-being.

It is essential to focus on improving family communication as children grow older, learning the importance of oral hygiene, especially among boys, and the importance of daily breakfasts among girls in the adolescent health policy-making.

It is critical to engage girls into daily physical activity and stimulate physically active life and sports as a protective factor of somatic and mental health. Preventive measures are required to reduce initiation of smoking and cannabis among adolescents with emphasis on boys, as well as to prevent alcohol consumption among both boys and girls.

Sexual and reproductive health education and counseling for adolescents have to be strengthened.

Strategies to improve mental health, psychological climate and adaptation in the family, school, and community are needed to reduce risky behavior, bullying, and cyberbullying among adolescents.

Development of strategies and interventions on health and well-being of children and adolescents in Kazakhstan should take into account different age groups, gender, social interaction as well as family, school and cultural environment.

Abdrakhmanova S.Z., Adayeva A.A., Slazhneva T.I. Factors influencing health and well-being of children and adolescents in Kazakhstan. Key findings from the Health Behavior In School-Aged Children (HBSC) Study in the Republic of Kazakhstan, 2018. National Center of Public Health, 2019.

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